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To: Commissioner for Patents Fax: 571/273-8300 Tel: Date: December 11, 2006 RE: Non-Final/Terminal Disclaimer	Our File Ref.: ARZ-023635-I1 Your File Ref.: 10/654,661 No. of Pages: 17- (Including this cover sheet)
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In response to the Office Action dated 6/9/2006 pl	ease find the following checked items:
∑ Cover letter, 1 sheet(s);	
Petition for Extension of Time Under 37 C.F.R. 1.136(thereof attached thereto, sheet(s);	a), Form PTO/SB/22, and one (1) copy
Fee Transmittal, Form PTO/SB/17,/_ sheet(s);	
Response to Office Action (including attachments, if a	iny), $\frac{10}{}$ sheet(s) total;
Other: Terminal Disclaimer to obvi	iate a provisional double
Other: application, 1 sheet(s); 3	.73(b) Statement: 1 sheet(s)
Thank you.	
The undersigned hereby certifies that a true and accurate copy of the home specied above and being transmission to the facsimile number indicated above, on this the{	ransmitted to the Honorable Commissioner for Petents, by fecsimile

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THOMAS W. BARNES, Ph.D. PATENT AGENT INTELLECTUAL PROPERTY

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SENT		BY FACSIMILE TO (571/273-8300	thomas.barno	
		BY FIRST CLASS MAIL TO THE ADDI	, RESS BELOW	

December 11,2006

Commissioner for Patents United States Patent and Trademark Office Post Office Box 1450 Alexandria, Virginia 22313-1450

SUBMISSION OF RESPONSE TO OFFICE ACTION THOMAS FONTANA

Applicant(s) : 10/654,661

Serial No.

Filed on

SEPTEMBER 3, 2003

Title

ROSIN PHENOLIC RESINS AND USES RELATED THERETO

Our Ref.

ARZ-023635-I1

Dear Commissioner:

Enclosed herewith for filing, Applicant(s) respectfully submit(s) the following checked items:

X	Petition for Extension of Time Under 37 C.F.R. 1.136(a), Form PTO/SB/22, and one (1) copy thereof attached thereto, _2_ sheet(s);
	Fee Transmittal, Form PTO/SB/17, sheet(s);
×	Response to Office Action (including attachments, if any), 10 sheet(s) total;
X	Other: Terminal Disclaimer to obviate a provisional double patenting rejection

over a pending "reference" application, 1 sheet(s); 3.736) statement

Postage-prepaid return-receipt postcard for your use in stamping to indicate receipt of the above-listed items.

Please stamp the enclosed postcard and return same to me to indicate your receipt of the abovelisted items. Please feel free to contact me if you have any questions concerning the above or the enclosed.

With kindest regards,

Thomas W. Barnes Agent for Applicant(s)

Enclosure(s) TWB/ jat

Certification of Mailing or Transmission Under 37 C.F.R. 1.8 The undersigned hereby certifies that a true and accurate copy of the within "Response to Office Action", together with all attachments referred to herein, is being transmitted to the Honorable Commissioner for Patents, either by first-class mall, postage prepaid, addressed to Commissioner for Patents, Post Office Box 1450, Alexandria, Virginia 22313-1450, or by facsimile transmission to the facsimile number indicated hereon, on this the day of December, 20 06.

> 111...52595 W. Barnes III omes

SUBMITTED BY

Name (Print/Type) ALLOMAS W. BARNES TIT

Signature

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DEC 1 1 2006

PTO/SB/17 (01-06)
Approved for use through 07/31/2008, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL FOR FY 2006 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) METHOD OF PAYMENT (\$) METHOD OF PAYMENT (\$) METHOD OF PAYMENT (\$) Deposit Account Deposit Account Number, 09-0525 For the above-identified deposit account, her Director is hereby surforated to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below inderpayments of fee(s) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below inderpayments of fee(s) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Fee (S)	Under the Paperwork Reducti	on Act of 198	5 no persons are required	to respond to a collection of	of information unless	it displays a valid OM	B control number	
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METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 09-0525 Deposit Account Name: INTERNATIONAL PAPER CO. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee WARNING: Indian of the apply) Charge fee(s) indicated below, except for the filing fee WARNING: Indian on or TO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee	Applicant dains small	entity statu	s. See 37 CFR 1.27	Art Unit	1711			
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 09-0525 Deposit Account Name: INTERNATIONAL PAPER CO. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below	TOTAL AMOUNT OF PAY	MENT (\$	5)	Attorney Docket N	lo. ARZ-023	ARZ-023635-i1		
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Charge any additional fee(s) or underpayments of fee(s) WARNING: Information on this form may become public. Credit eard information should not be included on this form. Provide credit card information and authorization on PTO-2038. 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARMINATION FEES SEARCH FEES SEARMINATION FEES SEARCH FEES SEACH FEES	Charge fee(s)	indicated b	elow	Charge	fee(s) indicated b	elow, except for th	ne filing fee	
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This collection of Information is required by 37 CFR 1,136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Registration No. (Attorney/Agent) 52,595

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Telephone 513.248.6736

Date DECEMBER 11, 2006